

Treatment Data System

USER MANUAL

**Shelter / Detoxification
For
A-D Form**



**REVISED
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Web Address for OSA

<http://www.state.me.us/dmhmrsa/osa>

OVERVIEW

This document provides the details of the Treatment Data System (TDS).

TDS is a comprehensive management information system that lends itself to client **outcome evaluation**. Preliminary studies completed by Maine substance abuse service providers in the mid-1980's showed that approximately 50% of the clients who have received services will **reenter** the substance abuse treatment system. TDS will allow the State to assess client outcomes, costs, etc., related to high and low use populations. The system will also allow us to assess health, economic, etc., outcomes for the clients who will **not** reenter the treatment system. In addition, TDS will be capable of addressing needs and service outcomes as they relate to smaller and **special needs** populations, e.g., the elderly.

To determine if the client benefited from these State-funded services, the State will contract with an outside agency to conduct client follow-up interviews six-months post treatment. Participation in the follow-up is **voluntary**. Participation, or the lack of participation, in the follow-up interview process, will not have any effect upon the client's treatment or the State's willingness to pay for the treatment.

INTRODUCTION

The Treatment Data System (TDS) was mandated by the State Legislature in P.L. 1983 c. 464. TDS is a vital management tool, used by the Office of Substance Abuse to provide:

- ? Documentation that clients were served and that services were delivered by community providers supported by state substance abuse funds, in compliance with the legislatively approved budget and statutory mandates.
- ? Data on performance that is being jointly used by state and local management to manage services and funding.

TDS will also be used to meet the federal requirements of the Treatment Episode Data Set (TEDS). TEDS was established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to meet requirements specified in the Anti-Drug Abuse Act of 1988.

It is due to the federal requirements of the (TEDS) that any agency receiving state funds (including Federal Block Grant) must report all substance abuse clients, regardless of the source of funding for individual clients.

A TDS registry is maintained for all agencies and programs that receive state funds to perform client services under contract with the State Departments (Department of Mental Health/Mental Retardation and Substance Abuse Services, Department of Corrections and Department of Human Services).

Client information reported to the OSA through TDS is confidential and protected by law and operating computer safeguards. No person or agency other than authorized personnel can gain access to client information in TDS.

A word about the Manual . . . The purpose of the TDS User Manual is to provide current reporting instructions, special program area reporting instructions, and common TDS item definitions for state and local TDS users. TDS is a complex data system requiring users to maintain a high level of understanding of its procedures. The manual is most readily used as a reference book, although it is recommended that anyone completing TDS forms first read the manual from cover to cover one time. This manual is designed to accommodate the needs of multi-service providers as well as providers of a single-service setting.

All changes in reporting instructions that modify this manual will be communicated to the TDS contact person through numbered and dated TDS Manual Addendum Memoranda from the staff of the Office of Substance Abuse.

TDS - The Treatment Data System

The purpose of TDS is to provide specific admission and discharge data about an individual client stored by TDS under the client code. This data is then available for aggregation within TDS to produce output reports.

TDS Forms:

Three different forms are used in TDS—depending on which service setting the client is using.

- ? A-1 Admission Form
- ? D-1 Discharge Form
- ? A-D Shelter / Detoxification Form

DEFINITION: "SERVICE SETTING" means a distinct type of service or group of services for persons with substance abuse problems, provided in the community under a contract with the three State Departments (Department of Mental Health/Mental Retardation and Substance Abuse Services, Department of Corrections, and the Department of Human Services).

The forms are identified by titles appearing in the top left corners.

Correct Form to Use:

- ? The A-D Shelter and Detoxification Form (pink) is for shelter and detoxification clients. It is also used for Driver Education and Evaluation Programs (DEEP) clients such as the Weekend Intervention Program, SALCE and Youthful Offender Program.

NOTE: This form is not to be used for DEEP clients who have been referred to an Agency/Provider for an evaluation or treatment

Who Should Be Filling Out the TDS Forms?

The counselor having the face-to-face contact with the client should fill out the TDS forms either during the session or soon after.

Which Clients are Admitted to TDS?

If your agency receives any state or federal funds, you must complete the TDS forms on all your agency's substance abuse clients (substance abusers and affected others/co-dependents) if they meet the following criteria:

- ? Has a substance abuse related problem;
- ? Has completed the screening and intake process;
- ? Has been formally admitted for service;
- ? Has his or her own client record; and
- ? Is receiving service;

NOTE: Any agency/provider that is DEEP certified, Medicaid reimbursable, and/or methadone licensed **must** complete a TDS form on all clients receiving those services also.

As a rule, a client may not be admitted to more than one substance abuse service setting at a time, whether within the same provider or by two separate providers. For example, an OSA-funded agency has a contract for detoxification and residential rehabilitation services. A client seeking treatment at the agency is in need of both detoxification and residential rehabilitation services. First, the client is admitted to the detoxification service setting and discharged. Upon completion of the detoxification program, the client is then admitted to the residential rehabilitation program.

Which Clients Should be Discharged from TDS ?

Clients should be discharged from TDS for the usual reasons, such as a program completed or a client left without program agreement. Clients should be discharged within 30 days of the last date of contact. A case should never remain open as long as 90 days without the client receiving a face-to-face counseling session unless a specific reason (other than non-appearance for scheduled sessions) is noted in the client record.

TDS Reporting Requirements

All contracted substance abuse treatment agencies must report electronically to TDS via the TDS software designed by the Office of Substance Abuse or by creating an edited ASCII file based on a file layout provided by the Office of Substance Abuse. The TDS software allows edited data entry which can then produce a file to be sent to the TDS office on diskette or by e-mail. TDS software will be provided free of charge to all contracted agencies.

TDS Reporting Requirements Continued.

DEEP providers, Medicaid reimbursable agencies and methadone-licensed agencies must report to TDS electronically, via the TDS software, if submitting more than 100 forms in a year or the agency has been identified as having a problem with erroneous data. The TDS office has the discretion of deciding which agencies fit the form limit and which agencies have an excessive number of errors. Any provider under the 100 form limit is ENCOURAGED to submit electronically but may submit paper forms. TDS software will be provided free of charge to all DEEP providers, Medicaid reimbursable agencies, and methadone licensed agencies.

Timing and Consequences of Late Data

SUBMISSION OF TDS FORMS/DATA FILES IS A CONTRACTUAL/ LICENSURE REQUIREMENT. CONTRACT PAYMENTS WILL NOT BE APPROVED AND LICENSURE/CERTIFICATION MAY BE REVOKED IF TREATMENT PROVIDERS FAIL TO SUBMIT FORMS IN A TIMELY MANNER.

PROGRAMS THAT CONSISTENTLY SUBMIT LATE OR INACCURATE DATA ARE REQUIRED (BY CONTRACT) TO PREPARE A WRITTEN CORRECTIVE ACTION PLAN TO RECTIFY THE SITUATION.

Agency Reported Contact Person

Each agency must have a reported contact person. If the contact person leaves the agency, the TDS office must be notified immediately of the departure of the contact person and the name, address, and telephone number of the new contact person.

System to Identify TDS Client Ids

Each agency and/or provider must maintain a system for readily identifying clients by their TDS client ID's. For examples, please call the TDS office.

When Do You Send in the Completed Forms/Data Files?

IF YOUR AGENCY HAS NO ADMISSIONS OR DISCHARGES FOR A GIVEN MONTH, SEND A LETTER NOTIFYING THE TDS OFFICE TO THAT EFFECT.

COMPLETED FORMS/DATA FILES MUST NOT BE SENT IN ANY LATER THAN THE 15TH OF THE MONTH FOLLOWING THE ADMISSION OR DISCHARGE OF THE CLIENT FROM TDS.

Where Should Completed Forms/Data Files Be Sent?

If you are not using the new Web Based Treatment Data System, mail the OSA copy of completed admission and discharge forms or your monthly data file to:

TDS Office
Office of Substance Abuse
Marquardt Building 3rd Floor
AMHI Complex
#159 State House Station
Augusta, Maine 04333-0159

A copy of the TDS form should be retained in the client file
(from multi-part forms retain the ~~AA~~Agency Copy@)

Where Do You Call If You Have Questions or Need More Forms?

If you have questions about a data item, if a form has been returned,
or if you need more admission or discharge forms, call:

TDS OFFICE
287-6337
or
e-mail to BillyJoe.Ladd@state.me.us

When you begin running low on forms, call immediately, please do not wait until you are completely out of forms.

PART 1

TDS FORM A-D

SHELTER

AND

DETOXIFICATION

INSTRUCTIONS

DETAILED INSTRUCTIONS

FOR TDS A-D FORM

DEFINITION OF A TDS CLIENT:

A TDS client is defined as a substance abuser and/or an affected other/co-dependent on whom your agency opens an individual client record. Specific client definition criteria includes the following:

- ? Has a substance abuse related problem;
- ? Has completed the screening and intake process;
- ? Has been formally admitted for service;
- ? Has his/her own client record; and
- ? Is receiving service.

THE A-D FORM MUST BE USED FOR ALL SHELTER AND DETOXIFICATION CLIENTS' INITIAL ADMISSIONS, RE-ADMISSIONS AND DISCHARGES.

AGENCY NAME

The name of the agency/provider **as it appears on license or certification**

? CHANGE/CORRECTION

Place a check in the box only if this form is being filled out on a **change / correction**. If it is a change/correction please go to the change/correction section in your manual for instructions on how to properly complete the form for a change/correction.

AGENCY TELEPHONE NUMBER

Telephone number of the agency.

CLIENT CODE

A. DATE OF BIRTH

Enter the client's birth date. Record MMDDYYYY. Precede numbers of less than ten with a zero.

EXAMPLE: February 9, 1943 would be **02091943**.

B. LAST FOUR SOCIAL SECURITY NUMBERS

Enter the last four numbers of the client's social security number.

EXAMPLE: John Smith's social security number is 005-23-9789. You would enter **9789**.

NOTE: If the client does not have a social security number then use **9999**.

C. GENDER (check ONE box only)

- ? 01 Male
? 02 Female

D. COUNTY OF RESIDENCE (List on back of form)

Enter the first and last letter of the County the client is residing in at admission. If "Out-of-State" use OS. If "Out-of-Country" use OC.

AN	Androscoggin	PT	Penobscot
AK	Aroostook	PS	Piscataquis
CD	Cumberland	SC	Sagadahoc
FN	Franklin	ST	Somerset
HK	Hancock	WO	Waldo
KC	Kennebec	WN	Washington
KX	Knox	YK	York
LN	Lincoln	OS	Out-of-State
OD	Oxford	OC	Out-of-Country

E. **HOME TOWN/CITY** (check ONE box only)

Size of home town/city at time of admission.

- ? 01 **URBAN I:** A town city of more than 10,000
- ? 02 **URBAN II:** A town city of 5,000 - 9,999
- ? 03 **RURAL:** A town of less than 5,000
- ? 04 **OS/OC:** Out-of-State, Out-of-Country

See **Appendix B** for the listing of **Urban I**, **Urban II**, and **Rural** areas.

F. **PAYOR CODE** (check ONE box only)

Check the appropriate payor code for the client. The payor code is based on the primary payor of services. If OSA is the primary payor of the client's services, check **01 OSA**.

NOTE: If your agency does not have a contract with OSA you cannot check 01.

- ? 01 **OSA/DMH/MRSAS** - Office of Substance Abuse Clients
- ? 02 **Human Services** - Adult, Child Protective, Medicaid
? (**NOT** SSI related)
- ? 03 **Corrections** - Probation Parole, Correctional Facilities
- ? 99 **Other** - not funded by a state agency
(including DEEP, self-pay and health insurance)

G. **FEDERAL IDENTIFIER CODE**

Six digit numeric code provided by the federal government to the OSA. The code identifies the agency by location. If you do not have a federal identifier code listed in the appendices, please contact the TDS office as soon as possible.

Federal identifier codes are listed in **Appendix E**.

H. **CONTRACT NUMBER** (Funded Agencies ONLY)

If agency/provider has a contract with The Office of Substance Abuse, enter the contract number assigned, otherwise leave blank. This number may not fill all spaces available. Enter it to the left with blank/empty spaces at the end.

I. PRIMARY SERVICE CODE (List on back of form)

Enter the code of the service being provided for this client. This is the primary service you will provide for this client during the current admission. If the client has co-existing Mental Illness agency must use service code from co-existing Mental Illness list.

**Substance Abuse/
Affected Clients**

**Substance Abuse Clients
with Coexisting
Mental Illnesses**

DETOXIFICATION

01 Hospital Inpatient
02 Free-Standing Inpatient
42 Methadone Detox

21 Hospital Inpatient
22 Free-Standing Inpatient

LIFE MAINTENANCE

14 Shelter

37 Shelter

J. CURRENT ADMISSION DATE

The day the client is currently being admitted into treatment.

K. LAST FACE-TO-FACE CONTACT (DATE)

The date of the last face-to-face contact with the client.

**1. REFERRAL THIS IS THE PRIMARY REFERRAL SOURCE
RESPONSIBLE FOR THE CLIENT SEEKING SERVICES.**

Enter the self-reported source of the referral from the following list of codes
(also listed on the back of the TDS Form).

If the referring person is a staff person working at an alcohol/drug abuse service agency, please record this as "substance abuse agency."

Note the distinction made between alcohol/drug abuse professionals (e.g., physicians who specialize in alcohol/drug abuse, and registered substance abuse counselors) and physicians and other professionals who are not alcohol/drug abuse specialists.

List and Example on next page

- 01 - Self
- 02 - Family Member
- 03 - Employer
- 04 - Substance Abuse Professional (Private practice)
- 05 - Substance Abuse Agency
- 06 - Physician (Non-substance abuse specialist)
- 07 - Other Professional (Non-substance abuse specialist)
- 08 - DEEP (Driver Education and Evaluation Program)
- 09 - Adult Protective Services - DHS
- 10 - Child Protective Services - DHS
- 11 - Substitute Care services - DHS
- 12 - Probation/Parole State of Maine
- 13 - Correctional Facility Maine
- 14 - County Jails
- 15 - Augusta/Bangor Mental Health Institute
- 16 - Mental Health Agency
- 17 - Friend
- 18 - EAP
- 19 - SAP
- 20 - State/Federal Court
- 21 - Formal Adjudication Process
- 22 - Self-help Group
- 23 - Hospital
- 24 - School
- 25 - AIDS Outreach Worker
- 99 - Other

EXAMPLE: John Smith was referred by his physician that was treating him for high blood pressure. Enter **06** Physician (non-substance abuse specialist).

2. **PRIOR TREATMENT EPISODES** (check ONE box only)

Check the box that indicates the number of prior treatment episodes the client has had in any drug or alcohol treatment facility program.

- ? 00 **None** No previous treatment episodes.
- ? 01 **One** One previous treatment episode.
- ? 02 **Two** Two previous treatment episodes.
- ? 03 **Three** Three previous treatment episodes.
- ? 04 **Four** Four previous treatment episodes.
- ? 05 **Five or More** Five or more previous episodes.

3. **ARE SPECIAL ACCOMMODATIONS NEEDED TO PROVIDE SERVICES?**
(check YES or NO for each selection)

Yes	No		
? 01	? 02	Hearing	Client is hearing impaired.
? 01	? 02	Visual	Client is visually impaired.
? 01	? 02	Physical	Client is physically impaired.
? 01	? 02	Language	Client's primary language is not English
? 01	? 02	Other	

EXAMPLE: Sign, TTY, Assistive listening devices, Interpreter

4. **RACE** (check ONE box only)

Check the appropriate self-reported ethnic background. (If a client refuses, the form preparer must check the race code most appropriate).

? 01 **White**

NOTE: *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

? 02 **Black or African American**

NOTE: *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as **AHaitian@** or **ANegro@** can be used in addition to **ABlack or African American.@**

? 03 **American Indian or Alaska Native**

NOTE: *American Indian or Alaska Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

? 04 **Asian**

NOTE: *Asian.* A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

? 05 **Native Hawaiian or other Pacific Islander**

NOTE: *Native Hawaiian or Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **ETHNICITY (check ONE box only)**

Check the self-reported ethnic background.

? 01 **Not of Hispanic or Latino Origin**

? 02 **Hispanic or Latino**

NOTE: *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, *Spanish origin* can be used in addition to *Hispanic or Latino*.

6. **VETERAN? (check ONE box only)**

DEFINITION: A veteran is an individual who has served on active duty in the Armed Forces with an honorable discharge.

? 01 **Yes**

? 02 **No**

7. **EDUCATION COMPLETED**

Enter the highest grade in school that the client has completed. For those who have a GED, enter 12. Remember that these are grades completed, and are not necessarily the number of years of attendance.

NOTE: Codes range from 00 None to 20. If more than 20 years have been completed enter 20. Complete both boxes, using a leading zero if necessary (i.e., 01, 02 and so forth).

8. **CURRENT MARITAL STATUS (check ONE box only)**

Check the client's self-reported current marital status on the day of admission.

? 01 **Never married** refers to a client who has never been married.

? 02 **Now married/Cohabiting** the client **must** be living with a spouse/significant other.

? 03 **Separated** refers to a client and spouse still married but not living together. It does not refer to temporary separation due to employment, military service, or any similar type of separation.

? 04 **Divorced** refers to an individual who is divorced.

? 05 **Widowed** refers to an individual whose spouse is deceased.

9. **PREGNANT AT ADMISSION?** (Check one box only)

If the client is female, is she pregnant?

Pregnancy should have already been substantiated by a pharmacy home pregnancy test or by a doctor. **NOTE: Check NO for all males.**

? 01 **Yes**

? 02 **No**

10. **IF THE CLIENT HAS LEGAL CUSTODY OF HIS/HER CHILDREN,
WHERE WERE THE CHILDREN WHILE THE CLIENT WAS IN TREATMENT?**
(check ONE box only)

If no dependents go to #11

? 01 **With the client**

? 02 **Spouse/other parent**

? 03 **Grandparents or other relatives**

? 04 **Friend(s)**

? 05 **Babysitter/care giver**

? 06 **Temporary foster care**

? 99 **Other**

11. **LIVING ARRANGEMENTS AT ADMISSION** (check ONE box only)

Check the self-reported living arrangements at the time of admission.

? 01 **Independent Living, Alone** - an unsupervised living environment.

? 02 **Independent Living, With Others** - living with friends, family, or significant other.

? 03 **Dependent Living** - a supervised living environment (e.g., boarding home for mentally retarded, correctional facility).

? 04 **Homeless** - sleeping in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings; also, emergency shelters or are from a transitional or supportive housing for homeless persons who originally came from streets or emergency shelters. This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a hospital or other institutions.

SEE NEXT PAGE FOR IMPORTANT NOTE

NOTE: A minor child (17 or under) in most cases would be dependent living.

==~~✓~~ An adult child (18 and over) in most cases would be independent living unless requiring other than "normal" care.

12. **EMPLOYMENT STATUS (AT TIME OF ADMISSION)**
(check ONE box only)

Check the self-reported current employment status. Employment refers to work in a paid (salary, wages, tips, etc.) position on a regular basis.

? 01 **Full Time (35 hours or more)**

- A. A client who is working for pay at admission and normally works at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; or
- B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.

?
? 02 **Part Time (17 to 34 hours)**

- A. A client who is working for pay at admission and normally works at least 17 hours but not more than 34 hours per week.

?
? 03 **Irregular (less than 17 hours)**

- A. A client who is working for pay at admission and normally works fewer than 17 hours per week.

? 04 **Unemployed (has sought work)**

- A. A client who was not working at admission but had sought work and was available within the preceding 30 days.
- B. A client who was not working at admission, but was not working because they were on layoff, temporarily ill or waiting to start new jobs within the next 30 days.

CONTINUED ON NEXT PAGE

? 05 **Unemployed (has not sought work)**

- A. A client who is discouraged from seeking work because of personal or job market factors, and voluntarily idle.

? 06 **Not in Labor Force**

This refers to clients who are:

- A. Retired; or
- B. Engaged in their own housekeeping, not working while attending school (including adolescents), unable to work because of long-term illness.

THESE NEXT THREE CATEGORIES ARE DESIGNED FOR CLIENTS WHO ARE NOT CAPABLE OF HOLDING A PAYING POSITION SUCH AS DUAL DIAGNOSIS, LATE STAGE ALCOHOLICS, ETC.

? 07 **Full Time Volunteer (35 hours or more)**

- A. A client who volunteers at least 35 hours a week and does not receive monetary compensation for those hours.

? 08 **Part Time Volunteer (17 to 34 hours)**

- A. A client who volunteers at least 17 hours but not more than 34 hours a week and who does not receive monetary compensation for those hours.

? 09 **Irregular Volunteer (less than 17 hours)**

- A. A client who volunteers less than 17 hours a week and does not receive monetary compensation for those hours.

13. **MH/MR ISSUES: Diagnosis based on DSM-IV (check ONE box only)**

If the client has been diagnosed with a mental illness/disorder or mental retardation based on DSM-IV criteria, check one or two, otherwise check NONE.

- ? 01 **Diagnosed Mental Illness/Disorder**
- ? 02 **Mental Retardation**
- ? 00 **None**

14. **CONSENT DECREE JANUARY 1, 1989 (check ONE box only)**
Was the client a patient at the Augusta Mental Health Institute on January 1, 1988 or after.

- ? 01 **Yes**
- ? 02 **No**

15. **GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE**
(at admission)

Enter the appropriate level of functioning based on the GAF scale for client
(AT ADMISSION).

See Appendix F.

16-18. **PRIMARY, SECONDARY AND TERTIARY DRUGS**

Drugs used inappropriately or abused by client than led to admission

INSTRUCTIONS: From the following codes (also listed on the back of the TDS form), identify and enter the substance(s) which causes the client's dysfunction at the time of admission.

If the client is a poly drug abuser, rank the substances as primary, secondary and if necessary, tertiary.

Clinical judgment will ultimately determine the ranking of problem substances. In determining the degree of substance abuse, the following considerations should be made:

- ? Client's identified substance of choice;
- ? Patterns of substance involvement;
- ? Degree of present or past physical, mental, or social dysfunction caused by substance involvement; and
- ? Degree of present or past physical or psychological dependence on substances, regardless of the frequency of use of a specific substance.

Each client's substance abuse problem(s) is/are to be individually assessed.

16. **Primary**

This is the primary substance abuse problem for which the client was admitted to treatment. **THERE CAN BE ONLY ONE PRIMARY PROBLEM.**

SEE NEXT PAGE

For example, a poly abuser seeks treatment and reports abuse of both cocaine and alcohol with use of marijuana of at least one to three times a month. Based on the guidelines outlined above, the clinician determines that cocaine is the primary problem. Therefore, in Item 14, code **03** Cocaine is recorded as the primary problem.

17. Secondary

Record a secondary problem only if a primary problem has been entered. There can be only one secondary problem. If there is no secondary problem enter **00** None. Using the previous example, Alcohol (code **01**) is recorded as the secondary substance abuse problem.

18. Tertiary

Record a tertiary problem only if the primary problem and a secondary problem have been entered. There can be only one tertiary problem. If there is no tertiary problem enter **00** None. Again using the example above and following the ranking guidelines the clinician enters code **02** Marijuana for the tertiary substance abuse problems.

NOTE: 00 NONE CANNOT BE ENTERED IN PRIMARY SUBSTANCE FOR A CLIENT WHOSE PRIMARY PRESENTING PROBLEM IS SUBSTANCE ABUSE. YOU MUST ENTER A SUBSTANCE ABUSE CODE.

After all appropriate problem substances have been entered, complete the remaining blocks with zeros. **All blocks must be completed.** (List on back of form)

WHEN 00 FOR "NONE" IS ENTERED IN THE SECONDARY OR TERTIARY BLOCKS OF THIS ITEM, ENTER 00 IN THE CORRESPONDING BLOCKS OF ITEMS 21, 22, 25, 26, 29 and 30.

CODES:

- 00 **Not Applicable** (Cannot be used on # 16)
- 01 **Alcohol.**
- 02 **Marijuana/Hashish/THC:** This includes any other Cannabis sativa preparations.
- 03 **Cocaine/Crack.**
- 04 **Heroin.**
- 05 **Non-Rx Methadone:** Methadone obtained and used without a legal prescription.
- 06 **Other Opiates and Synthetics:** Includes codeine, Dilaudid, morphine, Demerol, opium and any other drug with morphine-like effects.
- 07 **PCP - Phencyclidine..**
- 08 **Other Hallucinogens:** Includes Hallucinogens, **LSD, DMS, STP**, mescaline, psilocybin, peyote, etc.

List is continued on next page

- 09 **Methamphetamines** (speed).
 10 **Other Amphetamines:** This includes Amphetamines, Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.
 11 **Other Stimulants**
 12 **Benzodiazepines** - Includes Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam and Halazepam and other unspecified Benzodiazepine.
 13 **Other Tranquilizers**
 14 **Barbiturates:** This includes Phenobarbital, Seconal, Nembutal, etc.
 15 **Other Sedatives or Hypnotics:** This includes Chloral Hydrate, Placidyl, Doriden, etc.
 16 **Inhalants** - Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.
 17 **Over-the-Counter**- Includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication.
 18 **Other**
19. **Tobacco** **(check ONE box only)**

Was client using a tobacco product at admission?

? 01 Yes

? 02 No

NOTE: When **02 (No)** is entered in **Tobacco (#19)**. Enter **00** in the corresponding blocks of items **23, 27** and **31**.

20-22. **FREQUENCY OF USE OF DRUGS BY CLIENT** **(In last 30 days)**

IF CODE 00 NONE WAS ENTERED IN ITEMS 17 AND 18 FOR SECONDARY OR TERTIARY PROBLEM(S), ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEMS FOR 21 AND 22. (List on back of form)

- 00 **Not applicable** **(Cannot be used on #20)**
 02 **No use past month**
 03 **Once in the last 30 days**
 04 **2-3 days per month**
 05 **Once per week**
 06 **2-3 days per week**
 07 **4-6 days per week**
 08 **Daily**

23. **TOBACCO PRODUCTS ONLY** (For use with #23 only) (List on back)

INSTRUCTIONS: Enter one of the following codes to indicate the frequency of use in the last 30 days of treatment for each substance recorded in Items 16-18..

- 10 About half a pack/can/pouch a day or less
- 11 About a pack/can/pouch a day
- 12 About a one and a half packs/cans/pouches a day
- 13 About 2 packs/cans/pouches a day
- 14 More than 2 packs/cans/pouches a day

IF CODE **02** (NO) WAS ENTERED IN ITEM **18** (TOBACCO), ENTER CODE **00** IN BLOCK #23.

24-26. **ROUTE (OR METHOD) OF ADMINISTRATION (OF SUBSTANCE)**

INSTRUCTIONS: Enter route or method of use codes listed on the back of the TDS form and below as they apply to the primary, secondary and tertiary substance(s) recorded in Items 16-18. If more than one route or method of use exists, enter the most frequent route.

*IF CODE **00** NONE WAS ENTERED IN ITEMS 17 AND 18 FOR SECONDARY OR TERTIARY PROBLEM(S), ENTER CODE **00** IN THE CORRESPONDING BLOCK OF ITEMS FOR 25 AND 26.* (List on back of the form)

CODES:

- 00 Not Applicable (Cannot be used on #24)
- 01 Oral- swallowed, ingested or chewed
- 02 Smoking
- 03 Inhalation- snorted or sniffed
- 04 Injection (IV or Intramuscular)
- 05 Other

27. **TOBACCO**

*IF CODE **02** (NO) WAS ENTERED IN ITEM **19** (TOBACCO) ENTER CODE **00** IN THE CORRESPONDING BLOCK OF ITEM 27.* (List on back of form)

28-30. AGE OF FIRST USE

Enter age of first use for the drugs identified in 16-19.

IF CODE 00 NONE WAS ENTERED IN ITEMS 17 AND 18 FOR SECONDARY OR TERTIARY PROBLEM(S), ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEMS 29 and 30.

31. TOBACCO

IF CODE 02 (NO) WAS ENTERED IN ITEM 19 (TOBACCO) ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEM 31.

32. INJECTION DRUG USE (check ONE box only)

Check the box that reflects the client's injection drug use.

- ? 01 **Never**
- ? 02 **In Last 6 Months**
- ? 03 **In Last 5 Years**
- ? 04 **Prior to Last 5 Years**

**33. USE OF METHADONE PLANNED AS PART OF TREATMENT?
(check ONE box only)**

Answer **Yes** if the client being served is/will receive methadone as part of his/her treatment at either your facility or at another facility.

- ? 01 **Yes**
- ? 02 **No**

34. TOTAL NUMBER OF ARRESTS IN THE LAST 12 MONTHS

Enter the number of times the client's been arrested in the last twelve months.

NOTE: INCLUDE OUT'S.

35. **OUI ARRESTS IN THE LAST 12 MONTHS**

Enter the number of times the client's been arrested for operating under the influence in the last twelve months.

36. **DID THE CLIENT RECEIVE A PHYSICAL EXAMINATION WITHIN 48 HOURS OF ADMISSION BY A PHYSICIAN OR PHYSICIAN=S ASSISTANT.**
(Check ONE box only)

- ? 01 Yes
? 02 No

37. **WAS A COMPLETE PSYCHO/SOCIAL ASSESSMENT DONE ON THE CLIENT PRIOR TO DISCHARGE?** (check ONE box only)

- ? 01 Yes
? 02 No

38. **GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE**
(at discharge)

Enter the appropriate level of functioning based on the GAF scale

(AT THE TIME OF DISCHARGE)

See Appendix F.

39. **ASSISTANCE RECEIVED DURING TREATMENT.**

INSTRUCTIONS: Please check **YES** or **NO** for **each** item as to whether the client **did (01 Yes)** or **did not (02 No)** receive assistance with the services listed below during treatment. These services were not necessarily delivered by your agency, but you some how aided the client in accessing these services.

YES	NO		YES	NO	
? 01	? 02	A. Medical Care	? 01	? 02	L. Drug and Alcohol Education
? 01	? 02	B. Prescription Medications	? 01	? 02	M. Financial Counseling
? 01	? 02	C. Acupuncture	? 01	? 02	N. Academic Services
? 01	? 02	D. Aversive Therapy	? 01	? 02	O. Vocational Services
? 01	? 02	E. Client Urine Testing	? 01	? 02	P. Legal Services
? 01	? 02	F. HIV Risk Reduction	? 01	? 02	Q. Tuberculosis Services
? 01	? 02	G. Child Care	? 01	? 02	R. Prenatal Care
? 01	? 02	H. Transportation to Treatment	? 01	? 02	S. Child/ Counseling/ Services
? 01	? 02	I. Employment/Counseling	? 01	? 02	T. Smoking Cessation Services
? 01	? 02	J. Crisis Intervention	? 01	? 02	U. Mental Health Services
? 01	? 02	K. Housing Assistance	? 01	? 02	Z. Other

NOTE: DO NOT LEAVE ANY ITEM BLANK.

40. **DID YOU RECOMMEND A SELF-HELP GROUP? (check ONE box only)**

SELF HELP - any non-therapeutic support that enhances the client's efforts in recovery. AA, NA and A1-Anon are the most common however any group or activity that promotes behavioral change facilitating sobriety/recovery is acceptable; it church groups, retreats, social groups, etc.

? 01 **Yes**
 ? 02 **No**

41. **"DELIBERATE" REFERRAL TO SUBSTANCE ABUSE SERVICES**
(check ONE box only)

INSTRUCTIONS: Check the appropriate service from the list to indicate the primary substance abuse service the client was referred to at discharge. Referral requires "deliberate action."

DEFINITION: "Deliberate Action" means your program has transported the client, written letters, made telephone calls to set up appointments, or taken similar action to see that the client actually is seen by the program you are referring to, a simple suggestion to a client to go somewhere for help is not considered a referral for the purpose of TDS.

- ? 00 None
- ? 01 Detoxification
- ? 02 Diagnosis and Evaluation
- ? 03 In Home Family Support
- ? 04 Extended Care
- ? 05 Extended Shelter
- ? 06 Shelter
- ? 07 Outpatient Counseling (general)
- ? 08 Intensive Outpatient
- ? 09 Res. Rehab (short-term)
- ? 10 Half and Quarterway House
- ? 11 Adolescent Res. Rehab Transitional
- ? 12 Substance Abuse Professional
- ? 13 Consumer Run Residence
- ? 99 Other

42. **IF REFERRED, REFERRED AGENCY CODE**

Enter the code established by the TDS office for the agency that the client has been referred to. The codes are listed in **Appendix D**. If the agency is not listed, contact the TDS office for a code.

43. **"DELIBERATE" REFERRAL TO OTHER THAN SUBSTANCE ABUSE TREATMENT**

Check **01 YES** or **02 NO** for each item listed to indicate whether the client **did** or **did not** get referred to the service.

YES	NO	
?01	?02	A. Mental Health Provider
?01	?02	B. Other Health Care Provider
?01	?02	C. Voc. Rehab/Job Replacement
?01	?02	D. HIV Antibody Counseling and Testing
?01	?02	E. School Counselor
?01	?02	Z. Other

44. **STATUS AT DISCHARGE**

Enter the status of the client at the time of discharge from the following codes
(also listed on the back of the TDS form).

**If you answer 30 (client left due to lack of child care), go to next question;
otherwise skip to question 46.**

01	Client discharge without clinic agreement (i.e., client leaves without explanation).
02	Treatment is complete. <i>SEE DEFINITION NEXT PAGE</i>
03	Further treatment is not appropriate for client at this facility.
04	Non-compliance with rules and regulations.
05	Client refuses service/treatment.
07	Client discharged for medical and/or psychological Tx.
30	Client left treatment due to lack of child care
11	Client incarcerated.
12	Client deceased.
99	Emergency shelter clients only

Completion of Treatment is Defined as:

Client achieves at least 2/3 of his/her most current agreed upon treatment plan and the clinician is in agreement with the discharge. The plan should include objectives specific to client need and might include the following:

- ? Abstinent 30 days prior to discharge
- ? Significant reduction in problematic use
- ? Willingness to voluntarily seek continuing care as necessary
- ? Participation in self-help

45. **IF THE CLIENT LEFT DUE TO LACK OF CHILD CARE, WHAT WAS THE REASON?** (Check **ONE** box only)

- ? 01 **Accessibility**
- ? 02 **Money/Cost**
- ? 03 **Length of stay/treatment**
- ? 99 **Other**

46. **PRIMARY EXPECTED SOURCE OF PAYMENT** (List on back of form)

Enter the code for the primary funds or reimbursement you expect to receive for services you anticipate will be provided to the client. This includes State contract/grant sources e.g., OSA, DOC, and DHS.

NOTE: If **01** Office of Substance Abuse is indicated, a contract number must be entered into **G** at the top of the form.

- 00 **None** (for use with Secondary and Tertiary only)
- 01 **Office of Substance Abuse (DMH/MRSAS)**
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**
- 04 **Human Services** (Child, Adult Protective)
- 05 **Self-pay**
- 06 **Medicaid**
- 07 **Medicare**
- 08 **Blue Cross/Blue Shield**
- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Worker's Compensation**
- 13 **Veteran's Administration**
- 14 **Other**

47. **SECONDARY EXPECTED SOURCE OF PAYMENT**

(If different than primary source)

(List on back of form)

Enter the code for the secondary funds or reimbursement you expect to receive for services you anticipate will be provided to the client. This includes State contract/grant sources. e.g., OSA, DOC, and DHS.

List on Next Page

- 00 **None** (cannot use on #46 Primary)
- 01 **Office of Substance Abuse (DMH/MRSAS)**
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**
- 04 **Human Services** (Child, Adult Protective)
- 05 **Self-pay**
- 06 **Medicaid**
- 07 **Medicare**
- 08 **Blue Cross/Blue Shield**
- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Worker's Compensation**
- 13 **Veteran's Administration**
- 14 **Other**

48. **TERTIARY EXPECTED SOURCE OF PAYMENT**

(If different than primary or secondary source)

Enter the code of the tertiary funds or reimbursement you expect to receive for services you anticipate will be provided to the client. This includes State contract/grant sources e.g., OSA, DOC, and DHS. **(List on back of form)**

- 00 **None** (cannot be used on #46 Primary)
- 01 **Office of Substance Abuse (DMH/MRSAS)**
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**

EXAMPLE 2:

Bert Johnson received 7 days of Inpatient Detoxification (code 02) with a unit cost per unit of \$125.50. He would be coded as follows:

Code	Unit	Cost per Unit
02	0007	125.50

Mail the OSA copy of the completed TDS Forms or data file to:

**TDS Office
Office of Substance Abuse
Marquardt Building
AMHI Complex 3rd Floor
#159 State House Station
Augusta, Maine 04333-0159**

A copy of the TDS form should be retained in the client file
(from multi-part forms, retain the 1Agency Copy@)

PART 2

Changes / Corrections

To The

TDS Forms

CORRECTIONS TO THE TDS FORMS

If your agency has a correction to make to a TDS form that has already been sent to the TDS office, the Corrections can be made in one of two ways:

Make a copy of the form to be corrected. Using a **RED** pen, check off CHANGE/CORRECTION in the box on the top of the page. Then make the correction, also using the RED pen. The correction must be legible.

Using a blank form, check off CHANGE/CORRECTION in the box on the top of the page. Copy items **A through L** from the form to be corrected. Then fill out only the items to correct. If the change is to an **A through L** item, circle the change too.

The changes/corrections must be done on the same type of form being corrected. In other words, if the correction is to the A-1 Admission form, the correction must be made on an A-1 form (blue). If the correction is being made to a D-1 Discharge form, the correction must be made on a D-1 form (yellow). If the correction is being made to the A-D form, the correction must be made on the A-D form (pink).

APPENDIX A

Attorney General's Opinion

(Attorney General's opinion sheet is not available in electronic format)

APPENDIX B
Urban I, Urban II, and Rural Codes

POPULATION CONCENTRATIONS - 1987 POPULATIONS

4 Levels	Urban 1:	10,000 and above
	Urban 2:	5,000 - 9,999
	Rural:	Less than 5,000
	OS/OC:	Out-of-State / Out-of-Country

Urban 1 and Urban 2 Lists Only

Androscoggin

Auburn	Urban 1
Lewiston	Urban 1

Aroostook

Caribou	Urban 2
Houlton	Urban 2
Limestone	Urban 1
Presque Isle	Urban 1

Cumberland

Brunswick	Urban 1
Cape Elizabeth	Urban 1
Portland/Falmouth	Urban 1
Freeport	Urban 2
Gorham	Urban 1
Gray	Urban 2
Scarboro	Urban 1
So. Portland	Urban 1
Standish	Urban 2
Westbrook	Urban 1
Windham	Urban 1
Yarmouth	Urban 2

Franklin

Farmington	Urban 2
Jay	Urban 2

Hancock

Ellsworth	Urban 2
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Oxford

Rumford	Urban 2
Norway/Lisbon	Urban 2

Penobscot

Bangor/Brewer	Urban 1
Lincoln	Urban 2
Hampden	Urban 2
Millinocket	Urban 2
Old Town	Urban 2
Orono	Urban 2

Piscataquis

All rural

Sagadahoc

Bath	Urban 1
Topsham	Urban 2

Somerset

Fairfield	Urban 2
Skowhegan	Urban 2

Waldo

Belfast	Urban 2
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Washington

All rural

Kennebec

Augusta/Hallowell	Urban 1
Gardiner	Urban 2
Oakland	Urban 2
Waterville	Urban 1
Winslow	Urban 2
Winthrop	Urban 2

Knox

Rockland	Urban 2
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Lincoln

All rural

York

Berwick	Urban 2
Biddeford	Urban 1
Buxton	Urban 2
Eliot	Urban 2
Kennebunk	Urban 2
Kittery	Urban 2
Old Orchard Beach	Urban 2
Saco	Urban 1
Sanford	Urban 1
So. Berwick	Urban 1
Waterboro	Urban 2
Wells York	Urban 2
York	Urban 2

UNLESS NOTED ABOVE, ALL OTHER TOWNS ARE RURAL

APPENDIX C
Service Definitions

SERVICE SETTING DEFINITIONS

DETOXIFICATION

1. Medical Model - Hospital Inpatient

Detoxification - Medical Model is a component which provides persons having acute problems related to withdrawal from alcohol or other drugs with immediate assessment, diagnosis and medically assisted detoxification, as well as appropriate referral and transportation for continuing treatment. The program shall provide services on a 24-hour per day basis.

RESIDENTIAL REHABILITATION (30 days or less)

Residential Rehabilitation is a component which provides substance abuse treatment services in a full (24 hours) residential setting. The Residential Rehabilitation component shall provide a scheduled program which consists of diagnostic, educational, and counseling services; and treatment shall refer clients to support services as needed.

EXTENDED CARE

Extended care is a component which provides a long-term supportive environment for individuals with serious and extensive problems resulting from A+D abuse. The Extended Care Component requires sustained abstinence and provides minimal treatment and ongoing living experience within the facility/program or re-entry into the treatment system. The term of residency is usually in excess of 180 days.

HALFWAY HOUSE

A Halfway House is a community-based, peer-oriented residential program that provides treatment and supportive services in a chemical free environment for persons involved in a recovery process. Programs are varied in character each designed to relate to the target group served, taking into consideration the needs of the individual. Thus, the Halfway House shall address the cultural, social, and vocational needs of the clients it serves. The program will provide transitional assistance in bridging the gap between the A+D use and recovery.

SERVICE SETTING DEFINITIONS (Continued)

EXTENDED SHELTER

Extended shelter is a component which provides a structured treatment environment for clients who are in a waiting list for treatment, or who have completed a detoxification program, and who need a social support system in order to provide continuity of treatment of substance abuse problem, and/or to enable the client to develop an appropriate supportive environment in order to maintain sobriety and to develop linkages with community services.

ADOLESCENT RESIDENTIAL REHABILITATION

Provides recovery through a "therapeutic community" model which emphasizes personal growth through family and group support and interaction. Therapy focuses on attitudes, skills, and habits, conducive to facilitating the recipient's transition back to the family and community.

OUTPATIENT - Non-Intensive (General Outpatient)

Outpatient Care is a component which provides assessment, and treatment services. These services may also be provided to the affected others whether or not the primary abuser is receiving treatment.

INTENSIVE OUTPATIENT

Intensive Outpatient is a component which provides an intensive and structured program of substance abuse assessment, diagnosis and treatment services in a setting which does not include an overnight stay. The program includes a structured sequence of multi-hour clinical and educational sessions scheduled for three or more per week, with a minimum of nine hours per week per client.

DETOXIFICATION - Ambulatory

Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

EVALUATION

Systematic clinical process intended to determine the status of a clients' substance use/abuse. To then assess his/her need for treatment and when treatment is indicated to

outline the modality of treatment. The term "diagnosis" refers to medical diagnosis, and "evaluation" to educational, social, psychological, etc., evaluations performed by licenses/recognized individuals within the profession.

SERVICE SETTING DEFINITIONS (Continued)

SHELTER

Shelter is a service which provides food, lodging, and clothing for abusers of alcohol and other drugs, with the purpose of protecting and maintaining life and motivating them to seek substance abuse treatment. Shelter is a pre-treatment service usually operated in connection with a Detoxification component. At a minimum, will be available 24 hours per day.

OUI

Adult Offender

Teen Offender

APPENDIX D
REFERRED AGENCY CODES

None	00	Discovery House of Central ME	49
Abbak	L4	Discovery House of Maine	I3
Acadia Family Center	88	Dumas, Greg—Saco Bay Cnseling	G1
Acadia Health, Inc (Options)	02	Eagle Lake Health Center	18
Acadia Recovery Center	99	East Grand Health Clinic, AMHC	73
Acadia Recovery Community	24	Eastport Health Center	20
ACCESS	I6	Easy Does It House	J7
Alternate Choice's Cnslng Srves	89	Evergreen (Franklin Mem.Hospital)	E8
Alternative Counseling Service	90	Evodia House	32
Aroostook Mental Health Center	05	Facing Change	86
Augusta Mental Health Institute	03	Family Intervention Services	J2
Bangor Mental Health Institute	07	Families United	70
Bangor Pre-Release Center	K5	Fellowship House	21
Bean, Michael	M7	Food Add. & Chem. Dep.	H4
Begin Again, Inc	M8	Friendship House	G3
Boyer, Susan	94	Fusco, Tom	H7
Calais Regional Hospital	97	Gateway	78
Camel Club	F2	Gigure, John	K9
Casco Bay Substance Abuse	A1	Goodrich, Elaine	B1
Cathance Psychological Services	M9	Grace House	K4
Catholic Charities ME/Counsel Svcs	09	Hayden, William (Crest Counseling)	B3
CDRP - Bangor	I4	Haven House	46
Central Me. Indian Assoc. (CMIA)	11	Healthreach/Hearthside	23
Central Maine Counseling Services	71	Healthreach/New Directions	39
Choice/Skyward	10	Health Care for Portland	
Common Ties	L9	(Homeless Project)	80
Community Concepts	J5	Helmstadter, John	J4
Community Health and Counseling	12	Hite, George	B4
Cornerstone	17	Houlton Band of Maliseets	25
Conner, Pat	A3	Iannotti, Dominick	M3
Coose, Chris	N5	Ingraham/Mainstay	M5
Cornerstone	17	Ingraham/Randall Place	N8
Counseling Services, Inc.	06	Ingraham/The Bridge	N9
Crisis and Counseling	13	Integral Therapy	72
Crossroads for Women	14	Institute of Spontaneity	82
Danley, Colleen	N6	Jackson Brook Institute	26
Day One, (James Harrod Center)	F7	Jails (if not listed elsewhere)	H6
Day One (Maine Youth Center)	F8	James, Timothy	B6
Day One Outpatient	15	Janus House	E9
Dayowl	L2	JNF Counseling Associates	B8
Dearborn-Corson, Donna	P1	Jordan House	F6
DEEP	16	Katahdin Valley Health Center	27
(For clients who have had an evaluation but don't choose an agency upon discharge from the evaluation)		Kelly, Karen	G7
		Kennebec Valley Mental Hlth	K7
		Kimball, Kerry	C1

Lawrence, Suzanne	C3	Rumford Community Hospital	E1
Lubec, Regional Medical Center at	48	Rural Family Counseling	L5
Lutheran Family Services	29	Searsport Counseling	M1
Lyon, Katharine	Q4	Sebasticook Hospital	53
Maine Coast Memorial Hospital	30	Serenity House	54
Maine Counseling Associates	79	Sign of Hope /Bangor	M4
Maine Correctional Center	31	St. Regis Mohawk Center	51
Maine General Med Ctr/Serene	Q5	St. Mary's Hospital	50
Maine General / Spruce St. Res	Q6	St. Francis House	T5
Maine State Prison	75	St. Andres	G4
Mayo Regional Hospital	33	Steppingstone Inc	E2
McCullough, Ken—Aug Grp Wlnes	C7	Substance Abuse Svcs of Ellsworth	S2
McKenney, Gary	D1	Thacher, Sarah	H9
McLean, George	Q7	Tingley, Charles	E4
Megeachy Hall - MMC	J1	Togus VA Hospital	57
Mercy Hospital	34	Transitions	L7
MidCoast Hospital / ARC	01	Tri-County Mental Health Center	58
MidCoast Mental Health Center	I5	Unity Reg. Youth Treatment Ctr	59
MidCoast Sub. Abuse Council	L3	UMO (Substance Abuse Svcs)	H3
Mid-Maine Medical Center(Seton)	35	Veteran's Center of Bangor	H8
Milestone – Old Orchard Beach	P8	Veteran's Center of Lewiston	G6
Milestone - Portland	37	Veteran's Center of Portland	F3
Millinocket Regional Hospital	69	Wabanaki Mental Health	L8
Mt. Desert Island Hospital	38	Waldo Cty General Hospital	77
New England Counseling Assoc.	F9	Wellness Health Association	I1
Northeast Care	40	Wellspring	60
Northeast Occupational Exchange	Q9	Westbay	H5
Nova Counseling Services	R1	Westbrook Community Hospital	61
Open Door	41	Witman, Dulcie	K2
Out of State Facility	42	Wolph-Johnson, Maxine	S6
Outpatient Chemical Dep.	D4	York Hospital	65
Oxford House (3-1/4 way house)	43	York County Shelter	64
Passamaquoddy Indian Township	44	YWCA Intervention Program	M6
Penobscot Indian Nation	45	YWCA- Park St. Portland	S7
Penobscot Valley Hospital	D6	YWCA – Spring St. Portland	53
PenBay Med Ctr	K1	Your Choice	H1
Pepin, George	R6	Youth and Family Services	66
Pharos House	J9		
Preble Street Resource Ctr	K3		
Private Practitioner (Other)	47		
PROP-Women's Program	L1		
Recovery Counseling Services	D7		
Rice, Ted	D9		
Riverside Comm. Ctr. (Rose Kocur)	C2		
Rothrock, Vivian	R7		

APPENDIX E

**Federal Identification Codes for
Contracted Substance Abuse Provider Agencies**

and

DEEP Community Service Practitioners

Acadia Health Care Bangor/BMHI	102247
Acadia Health Care (Hospital) Bath	100043
Pittsfield (Sebasticook)	101561
Bangor	103922
Alternate Choices Rockland	102072
Vinalhaven	103641
Waldoboro	101355
Aroostook Mental Health Center Ashland	100076
Caribou	900434
Danforth	100803
Eagle Lake	100787
Fort Kent	900459
Houlton	900467
Limestone	900483
Madawaska	900491
Patten	100795
Presque Isle	900541
Van Buren	301237
Cathance Psychological Services Machiasport (Downeast Correctional)	102353
Catholic Charities/Fellowship House Lewiston	750151
/St. Francis Auburn	100688
Catholic Charities Maine/Counseling Services Falmouth	105133
Portland	750359
Common Ties (Area IV Dual Diagnosis Cooperative) Lewiston	102494
Community Concepts Auburn	102536
Oxford high school	103542
Rumford	102544
South Paris	102478

Counseling Services, Inc.	
Kezar Falls	100753
Kittery	100746
31 Beach Street, Saco	100738
Sanford	100761
Lincoln Street, Saco	301203
Crisis & Counseling	
Augusta	100019
Crossroads for Women	
Windham	750292
Portland	103260
Day One / Drug Rehabilitation – including Juvenile Justice Network	
Cape Elizabeth	105141
Bar Mills (JCH)	301104
Portland	301229
South Portland (MYC)	100910
Healthreach/Hearthside	
Sidney	100498
Health Reach Network/New Directions	
Albion	100647
Augusta, Weston St.	900400
Augusta, Vickery Bldg.	102577
Bingham	100571
Coopers Mills	100589
Farmington	100597
Gardiner	100852
Hartland	100555
Kingfield	100613
Leeds	100639
Livermore Falls	100605
Madison	100530
Thorndike (Mt. View High School)	102221
Readfield	102551
Richmond	100563
Skowhegan	100548
Strong	100621
Waterville	100522
Winthrop	102569

Lubec, Regional Medical Center at	
Calais	105166
Eastport	100670
Lubec	100662
Machias	
Maine Counseling Services (Association)	
Charleston	100902
Maine General Medical Center	
Augusta (Spruce St. Residence)	102304
Waterville (Serene)	750326
Maine Medical Center – ACCESS	
Portland	102262
Mayo Regional Hospital	
Dover-Foxcroft	750110
MidCoast Hospital/ (ARC) Addiction Resource Center	
Bath	102031
Lincoln	103690
MidCoast Mental Health Center	
Belfast	105158
Rockland	102460
MidCoast Substance Abuse Council	
Camden	102452
Milestone Foundation, Inc.	
Old Orchard Beach	750227
Portland	103609
Mount Desert Island Hospital	
Bar Harbor	750052
Open Door Recovery Center	
Ellsworth	900848
PenBay Medical Center / Choice Skyward	
Rockport	103526
Rockland	102619
Vinalhaven	104870

PROP - Womens Project	
Bangor	103948
Portland	102486
Portland, City of	
Portland	103567
Serenity House	
Portland	750250
Tri-County Mental Health Services	
Auburn	100696
Bethel	100142
Bridgton	101983
Farmington	900855
Lewiston, Lisbon Street	750177
Lewiston,Pine Street	100704
Rumford	750391
South Paris	900608
Waldo County General Hospital, Coastal Counseling Services	
Belfast	100290
Wellspring, Inc.	
Bangor, 98 Cumberland Street	750029
Bangor, 319 State Street	900665
Bangor, 251 Broadway	100340
York County Shelters, Inc	
Alfred	900764
York Hospital – Cottage Program	
York	100175
Youth & Family Services, Inc.	
Pittsfield	100712
Skowhegan	900657

Driver Education and Evaluation Program

**Community Service Providers
Federal Identification Codes**

ABBAK	
Bangor	101520
Dover Foxcroft	103518
Newport	104045
Skowhegan	103997
Acadia Family Center	
Southwest Harbor	101173
Alternative Counseling Services	
Bangor	101454
Augusta Group for Wellness – Ken McCullough	
Augusta	104961
Bean, Michael W.	
Kennebunk	104318
Portland	104086
Begin Again, Inc	
Presque Isle	104060
Casco Bay Substance Abuse Resource Center	
Portland	101090
Central Maine Counseling Services, Inc	
Lewiston	100092
Rumford	101389
South Paris	101371
Conner, Patricia	
Brunswick	101140
Coose, Christopher	
Portland	103666
Danley, Colleen	

Bridgton		102676
Dayowl Counseling Saco		102874
Dearborn-Corson, Donna Skowhegan		105224
DEEP ADULT	Auburn	999990
DEEP ADULT	Augusta	999991
DEEP ADULT	Bangor	999992
DEEP ADULT	Bath	999921
DEEP ADULT	Belfast	999928
DEEP ADULT	Biddeford	999916
DEEP ADULT	Brunswick	999931
DEEP ADULT	Calais	999932
DEEP ADULT	Damariscotta	999933
DEEP ADULT	Dover-Foxcroft	999922
DEEP ADULT	Ellsworth	999929
DEEP ADULT	Farmington	999925
DEEP ADULT	Gorham	999994
DEEP ADULT	Greenville	999934
DEEP ADULT	Houlton	999930
DEEP ADULT	Lincoln	999935
DEEP ADULT	Machias	999923
DEEP ADULT	Millinocket	999924
DEEP ADULT	Newport	999926
DEEP ADULT	Portland	999915
DEEP ADULT	Presque Isle	999993
DEEP ADULT	Rockland	999918
DEEP ADULT	Rumford	999920
DEEP ADULT	Sanford	999917
DEEP ADULT	Skowhegan	999927
DEEP ADULT	Waterville	999919
DEEP TEEN	Auburn	999901

DEEP TEEN	Augusta	999902
DEEP TEEN	Bangor	999903
DEEP TEEN	Houlton	999904
DEEP TEEN	Machias	999905
DEEP TEEN	Madawaska	999906
DEEP TEEN	Portland	999907
DEEP TEEN	Presque Isle	999908
DEEP TEEN	Rockland	999909
DEEP TEEN	Sanford	999910
DEEP TEEN	Skowhegan	999911
DEEP TEEN	South Paris	999912
DEEP TEEN	Topsham	999913
DEEP TEEN	Waterville	999914
Dumas, Greg /Saco Bay Counseling Saco		101843
Evergreen Behavioral Services Farmington Franklin Memorial Hospital Livermore Falls		101892 105208
Facing Change Lewiston		100944
Family Intervention Counseling Services Lewiston Auburn		102833
Ferguson, Ralph Newcastle		103930
Food Addiction & Chemical Dependency Consultants. Portland Windham		102056 104979
Fusco, Tom Bath		101751

Gateway Recovery Norway	104029
Hasson, Donna Biddeford	104052
Hayden, William/Crest Counseling Services Auburn	100993
Helmstadter, John, LSAC Damariscotta	101918
Edgecomb	101926
Helmstadter, Pam Damariscotta	103252
Edgecomb	103245
Iannotti, Dominick J. Lewiston	103674
James, Timothy Bangor	103971
Dover Foxcroft	104037 Newport
	104011 Skowhegan
	104003
Kelly, Karen Belfast	101835
Kennebec Valley Mental Health Center Augusta	102361
Waterville	102379
Lawrence, Suzanne Bar Harbor	105174
Bucksport	101181

Deer Isle	105182
Ellsworth	101215
McCullough, Ken – Augusta Group for Wellness Augusta	104961
McKenney, Gary W., LSAC Portland	101041
McLean, George Lisbon Falls	102775
Mercy Hospital, Recovery Center Portland (State Street) (Forest Ave.)	900715 103955
New England Counseling Services Mexico	101959
Nova Counseling Services Bangor	104854
Olivares, Susan Pittsfield	104987
Outpatient Chemical Dependency Bangor Ellsworth Machias	101504 101207 103989
Paul, William Houlton	103617
Penobscot Nation Counseling Services –Native Americans Only Old Town (Health Department)	900509

Riverside Community Center (Rose Kocur)	
Lincoln	101629
Rothrock, Vivian	
Buxton	103914
Rumford Community Hospital	
Rumford	100316
Rural Family Counseling	
Lincoln	102197
Millinocket	102205
Orono	105125
Searsport Counseling Associates	
Searsport	102726
Swanville	104888
Sign of Hope Counseling Associates	
Lincoln	103534
Southwestern Maine Clinical Associates/Sub Abuse & Addiction Services	
Gorham	101066
Spring Harbor	
Scarborough	104953
St. Mary's Regional Medical Center	
Gray Counseling Center	105190
Lewiston	900632
Mexico Counseling Center	105216
Steppingstone, Inc./Tom McWalters	
Unity	101579
Waterville	101256
Substance Abuse Services of Ellsworth	

Ellsworth	103633
Tingley, Charles O., Jr. Bangor	101405
Transitions Counseling, Inc.	
Auburn 1441 Hotel Rd	
Lewiston 105 Middle	104177
Portland 158 Danforth	103484
Portland 178 Middle	104144
Portland 19 South St	104938
Portland 20-36 Danforth	104128
Portland 222 Auburn St	104110
Portland 222 St. John St	103500
Portland 32 Pleasant	104151
Portland 491 Stevens Ave	102601
Portland 535 Ocean	104748
Portland 59 Middle	104136
Saco 100 King St	104102
Saco 5 Horton	103450
Yarmouth 261 Main	104185
Wellness Health Associates, Inc.	
Augusta	102882
Brunswick	103963
Portland	102866
West Bay Counseling Services	
Belfast	102114
Starks	104896
Unity	104433
Waterville	104441
Westbrook Community Hospital	
Westbrook	100167

Wolph-Johnson, Maxine
Farmington
Starks

105232

APPENDIX F

Global Assessment

Assessment of

Functioning (GAF)

Scale

Global Assessment of Functioning (GAF) Scale

The GAF Scale reports the clinician's judgment of the individual's overall level of functioning and is useful in tracking the clinical progress of individuals on global terms, using a single measure. The GAF Scale measures only psychological, social, and occupational functioning. Do not include impairment due to physical or environmental limitations. Rating for TDS should reflect current functioning, i.e., at time of admission and at time of discharge. The GAF is AXIS V of the DSM-IV multi-axial classification.

Code: (Note; Use intermediate codes when appropriate. E.g., 45, 68, 72)

100 ? 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90 ? 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interest and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 ? 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70 ? 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 ? 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 ? 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 ? 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 ? 21	Behavior is considerably influenced by delusion or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).
20 ? 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 ? 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

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